

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101528972

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3	2			1		
4	①			1		
5	2			1		
6	①			1		
7	①			1		
8	①			1		
9	①			1		
10	①			1		
11	①			1		
12	①			1		
13	①			1		
14	①			1		
15	①			1		
16	①			1		
17	①			1		
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49						
50						
TOTAL IND.	1	↓	1	↓		↓
TOTAL DEP.	18	←	16	←		←
TOTAL CLAIMS	19		17			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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98						
99						
100						
TOTAL IND.					↓	
TOTAL DEP.					←	←
TOTAL CLAIMS						